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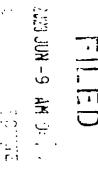
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COVER LETTER

TO: Registration Section

Division of Co	rporations				
	vinkel, LLC	•			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	David M. Platt				
		Name of Person			
	David M. Platt, P.A.				
		Firm/Company			
	14782 Calusa Palms Dr., U	Juit 104			
	· · · · · · · · · · · · · · · · · · ·	Address			
	Fort Myers, Florida 33919	•			
		City/State and Zip Code			
	david.platt@sancaplaw.com E-mail address: (n to be used for future annual report not	ification)		
For further information	concerning this matter, please c				
David M. Platt		239 472-5400			
Name of Person		at () Area Code Daytir	ne Telephone Number		
Enclosed is a check for	the following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addre Registration	Section	Street Address: Registration So			
P.O. Box 63		The Centre of	Division of Corporations The Centre of Tallahassee		
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2365 Periwinkel, LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Co.	mpany were filed on March 5, 2021	and assigned
lorida document number L21000129177	-·	
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
2365 Periwinkle, LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u> </u>	
		<u> </u>
		2
Enter new mailing address, if applicable:		. 6
Mailing address MAY BE A POST OFFICE BOX)		
muning duaress MAT BE AT OST OFFICE BONG		
		
3. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter th</u>	e name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flor	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			□Change
			□Remove
			□ Change
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			□ Change

Flective date, if other than the date of filing: (optional) an effective date, is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 fore: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the dis filted. June 6 2023 Signature of a bisopher or authorized representative of a member		-				
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